

6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: CANDELORA CONSTRUCTION INC.
BUSINESS STREET ADDRESS: 4100 S.W. 103 AVE DAVIE FL. ZIP 33328
BUSINESS MAILING ADDRESS: 4100 S.W. 103 AVE DAVIE FL. ZIP 33328
BUSINESS PHONE: 954-423-8481
DESCRIBE TYPE OF BUSINESS: GENERAL CONTRACTOR/CONSTRUCTION MANAGER
BUSINESS IS: Corporation X Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>JOHN CANDELORA</u>	<u>4100 S.W. 103 AVE</u>	<u>DAVIE 33328</u>	<u>954-423-8481</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number 65-0665435

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

JOHN CANDELORA OWNER
Print Owner or Officers Name and Title

[Signature]
Signature of Owner or Officer

Office Use Only: Date <u>6/2/99</u> Category <u>05800</u> Fee <u>78.75</u> Rec# <u>185836</u> New <u>X</u> Trans _____	
License # _____	Control # _____
Council approval Required _____ Yes _____ No _____	Zoning <u>R-1</u> (Royal Palm Lakeside) Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	